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CERTIFICATE OF MAILING Under 37CFR 1.8

In re Patent Application of: Crum, Jesse

Attorney Docket No.: 2003-10

Group Art No.: 3722

Serial No.: 10/691,264

Examiner: Battula

Filed: October 22, 2003

Title: Composite Form Assembly With Frangible Bonded Layers Formed In-Situ

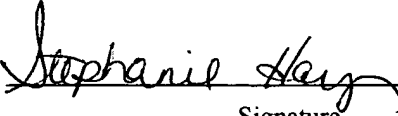
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Documents Included:

1. Revocation of Power of Attorney (PTO/SB/82)
2. Power of Attorney (PTO/SB/81)
3. Return Postcard.

Stephanie Hay

Printed Name


Signature



**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/691,264
Filing Date	10/22/2003
First Named Inventor	Crum
Art Unit	3722
Examiner Name	Battula
Attorney Docket Number	2003-10

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Ward/Kraft, Inc. Attn: Stephanie Hay			
Address	2401 Cooper Street P.O. Box 938			
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Telephone	620-223-5500	Email	shay@wardkraft.com	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Jesse P. Crum</i> 3-12-08		
Name	Jesse Crum		
Date		Telephone	620-223-5500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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PTO/SB/81 (01-06)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/691,264
Filing Date	10/22/2003
First Named Inventor	Crum
Title	Composite Form Assembly With . . .
Art Unit	3722
Examiner Name	Battula
Attorney Docket Number	2003-10

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Harry G. Weissenberger	18,784

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Ward/Kraft, Inc. Attn: Stephanie HayAddress 2401 Cooper Street
P.O. Box 938

City Fort Scott State KS Zip 66701

Country USA

Telephone 620-223-5500 Email shay@wardkraft.com

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Jesse D. Crum</i>	Date	3-12-08
Name	Jesse Crum	Telephone	620-223-5500
Title and Company	Research and Development, Ward/Kraft, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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